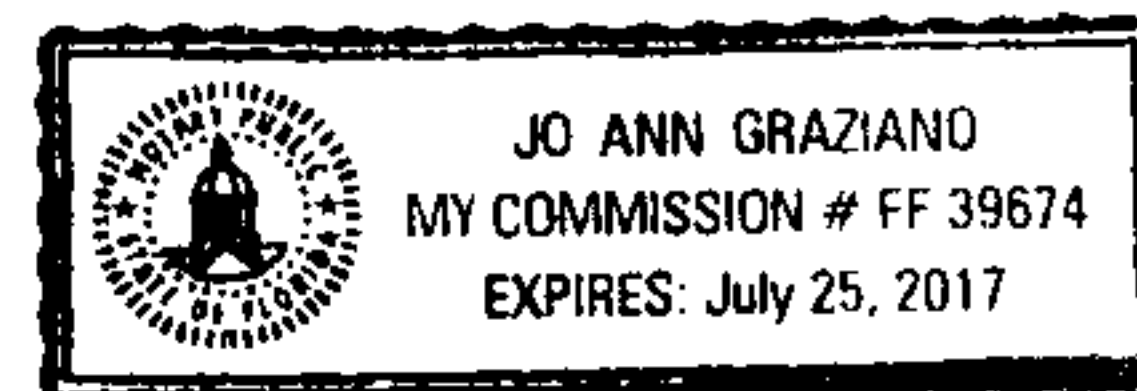




Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.

Name of Candidate or Elected Official Jamie Alexander-Williams		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council Ward 5			
Address <input type="checkbox"/> Check box if reporting new address 412 Cornwall Dr.			
City Maylene	State AL	ZIP Code 35114	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly
☐ Weekly
☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

June 30, 2016

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	0
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	0
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	0
3b	Non-itemized in-kind contributions	3b	0
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1,817.24
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	1,817.24
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	275.00
5b	Non-itemized expenditures	5b	1.28
5c	Total expenditures (add lines 5a and 5b)	5c	276.28
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1537.96

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official

Date

7-18-16

Sworn to and subscribed before me this **18th** day of **July** of the year **2016**. My commission expires the **25th** day of **July** of the year **2017**.

Signature of Notary Public

Jo Ann Graziano

Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL.

Samia Alexander - Williams

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Samia A. Williams	Montene, At. 35114		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)			<input checked="" type="checkbox"/>			6-14	\$950.
Samia A. Williams	412 Curran Dr. Montene, At. 35114		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			6-20	\$867.

20160719000252780 2/3 \$.00
Shelby Cnty Judge of Probate, AL
07/19/2016 04:00:36 PM FILED/CERT

TOTAL RECEIPTS THIS PAGE

the List ^A

NAME OF CANDIDATE OR ELECTED OFFICIAL:

James Alexander-Williams

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]